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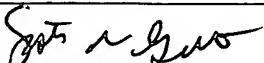
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| UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small> | | Attorney Docket No.: CE11431JLO First Inventor: Fouad C. Freiha Title: METHOD AND APPARATUS FOR MOBILE RADIO VELOCITY ESTIMATION Express Mail Label No.: EL 962737585 US | |
| APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small> | | Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231 | |
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 17] (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (<i>if filed</i>) -Detailed Description -Claim(s) -Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 2]</p> <p>5. Oath or Declaration [Total Pages 3] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet under 37 CFR 1.76</p> <p>18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in- Part (CIP) of Prior Appl. No. Prior Appl. information: <input type="checkbox"/> Examiner: <input type="checkbox"/> Group/Art Unit: </p> | | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); ii. <input type="checkbox"/> or paper c. <input type="checkbox"/> Statements verifying identify of above copies</p> <p>ACCOMPANYING APPLICATION PARTS</p> <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) <input type="checkbox"/> Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent</p> <p>17. <input type="checkbox"/> Other: _____</p> | |
| 19. CORRESPONDENCE ADDRESS | | | |
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label | | *24273* <input type="checkbox"/> or <input type="checkbox"/> Correspondence address below | |
| Name _____ Address _____ City _____ | | State _____ Zip Code _____ | |
| Country <input type="checkbox"/> U.S.A. <input type="checkbox"/> Telephone (954) 723-6449 <input type="checkbox"/> Fax (954) 723-5599 | | | |
| Name <input type="checkbox"/> Scott M. Garrett | | Registration Number (Attorney/Agent) 39,988 | |
| SIGNATURE <i>Scott M. Garrett</i> | | Date 11/13/03 | |

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| FEET TRANSMITTAL for FY 2003 <small>Patent fees are subject to annual revision</small> | | Complete if Known | |
| | | Application No. | |
| | | Filing Date | |
| | | First Named Inventor | Fouad C. Freiha |
| | | Examiner Name | |
| | | Group Art Unit | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | |
| TOTAL AMOUNT OF PAYMENT | | (\$ 790.00) | |
| Attorney Docket No. | | CE11431JLO | |

| METHOD OF PAYMENT (check all that apply) | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account | | 3. ADDITIONAL FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deposit Account Number 50-2117 Deposit Account Name Motorola, Inc. | | Large Entity | Small Entity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <small>The Commissioner is hereby authorized to: (check all that apply)</small> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayment <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | Fee Code 1051 1052 1053 1812 1804 1805 1251 1252 1253 1254 1255 1401 1402 1504 1403 1505 1451 1452 1453 1501 1502 1503 1460 1808 1807 1806 8021 1809 1810 1801 1802 1814 Other fee (specify) | Fee Fee (\$) 130 50 130 2520 920* 1804 1840* 110 410 930 1450 1970 320 320 1504 280 300 1510 110 1300 1300 470 630 130 130 50 180 40 750 18 84 42 140 42 2205 9 (\$ 750) | Fee Description Surcharge - late filing fee or oath Surcharge - late Provisional filing Non-English specification For filing a request for ex parte Reexamination <small>prior to Examiner action</small> <small>after Examiner action</small> Extension for reply within 1st month Extension for reply within 2nd month Extension for reply within 3rd month Extension for reply within 4th month Extension for reply within 5th month Notice of Appeal Filing a brief in support of an appeal Publication fee for early, voluntary, or normal publication Request for oral hearing Publication fee for republication Petition to institute a public use proceeding Petition to revive - unavoidable Petition to revive - unintentional Utility issue fee (or reissue) Design issue fee Plant issue fee Petitions to the Commissioner Processing fee CFR 1.17(i) Processing fee for provisional appls. Submission of IDS <small>40</small> Recording each patent assignment per property (times # of properties) Filing a submission after final rejection (37 CFR § 1.129(a)) For each additional invention to be examined (37 CFR § 1.129(b)) Request for Continued Examination (RCE) Request for expedited examination of a design application Statutory Disclaimer | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION | | 1. BASIC FILING FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee \$</th> <th>Fee Code</th> <th>Fee \$</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>750</td> <td>2001</td> <td>370</td> <td>Utility filing fee</td> <td>750</td> </tr> <tr> <td>1006</td> <td>750</td> <td>2006</td> <td>370</td> <td>Utility filing fee CPA</td> <td></td> </tr> <tr> <td>1002</td> <td>330</td> <td>2002</td> <td>165</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1007</td> <td>330</td> <td>2007</td> <td>165</td> <td>Design filing fee CPA</td> <td></td> </tr> <tr> <td>1003</td> <td>510</td> <td>2003</td> <td>255</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>750</td> <td>2004</td> <td>370</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="4"></td> <td>SUBTOTAL (1)</td> <td>(\$ 750)</td> </tr> </tbody> </table> | | Large Entity | | Small Entity | | Fee Description | Fee Paid | Fee Code | Fee \$ | Fee Code | Fee \$ | 1001 | 750 | 2001 | 370 | Utility filing fee | 750 | 1006 | 750 | 2006 | 370 | Utility filing fee CPA | | 1002 | 330 | 2002 | 165 | Design filing fee | | 1007 | 330 | 2007 | 165 | Design filing fee CPA | | 1003 | 510 | 2003 | 255 | Plant filing fee | | 1004 | 750 | 2004 | 370 | Reissue filing fee | | 1005 | 160 | 2005 | 80 | Provisional filing fee | | | | | | SUBTOTAL (1) | (\$ 750) | | | | | | | | | | | | | | | | | | | | | |
| Large Entity | | Small Entity | | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code | Fee \$ | Fee Code | Fee \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1001 | 750 | 2001 | 370 | Utility filing fee | 750 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1006 | 750 | 2006 | 370 | Utility filing fee CPA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1002 | 330 | 2002 | 165 | Design filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1007 | 330 | 2007 | 165 | Design filing fee CPA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1003 | 510 | 2003 | 255 | Plant filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1004 | 750 | 2004 | 370 | Reissue filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1005 | 160 | 2005 | 80 | Provisional filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | SUBTOTAL (1) | (\$ 750) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th colspan="2"></th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>17</td> <td>-20* =</td> <td></td> <td>x 18 =</td> <td></td> </tr> <tr> <td>Independent</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Claims</td> <td>3</td> <td>-3* =</td> <td></td> <td>x 84 =</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td>280</td> <td></td> </tr> </tbody> </table> | | | | Extra Claims | Fee from below | Fee Paid | Total Claims | 17 | -20* = | | x 18 = | | Independent | | | | | | Claims | 3 | -3* = | | x 84 = | | Multiple Dependent | | | | 280 | | <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee \$</th> <th>Fee Code</th> <th>Fee \$</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>84</td> <td>2201</td> <td>42</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>280</td> <td>2203</td> <td>140</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>84</td> <td>2204</td> <td>42</td> <td>**Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>**Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="4"></td> <td>SUBTOTAL (2)</td> <td>(\$)</td> </tr> </tbody> </table> | | | | Large Entity | | Small Entity | | Fee Description | Fee Paid | Fee Code | Fee \$ | Fee Code | Fee \$ | 1202 | 18 | 2202 | 9 | Claims in excess of 20 | | 1201 | 84 | 2201 | 42 | Independent claims in excess of 3 | | 1203 | 280 | 2203 | 140 | Multiple dependent claim, if not paid | | 1204 | 84 | 2204 | 42 | **Reissue independent claims over original patent | | 1205 | 18 | 2205 | 9 | **Reissue claims in excess of 20 and over original patent | | | | | | SUBTOTAL (2) | (\$) |
| | | Extra Claims | Fee from below | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | 17 | -20* = | | x 18 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Claims | 3 | -3* = | | x 84 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent | | | | 280 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity | | Small Entity | | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code | Fee \$ | Fee Code | Fee \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1202 | 18 | 2202 | 9 | Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1201 | 84 | 2201 | 42 | Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1203 | 280 | 2203 | 140 | Multiple dependent claim, if not paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1204 | 84 | 2204 | 42 | **Reissue independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1205 | 18 | 2205 | 9 | **Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | SUBTOTAL (2) | (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <small>**or number previously paid, if greater. For Reissues, see above</small> | | <small>*Reduced by Basic Filing Fee Pd</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | SUBTOTAL (3) \$ 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---------------------|---|-----------------------------------|----------------|
| SUBMITTED BY | | Complete (if applicable) | |
| Name (Print) | Scott M. Garrett | Registration No. (Attorney/Agent) | 39,988 |
| Signature |  | Telephone: | (954) 723-6449 |
| Date | 11/13/03 | | |